

**Criminal Justice Collaborating Council
Programs and Alternatives Standing Committee
Wednesday, December 17, 2008**

Peter Schuler called the meeting to order at 8:42 a.m.

Committee Members Present: Chair Peter Schuler, Sara Carpenter, Rebecca Luczaj, Jane Batha, Susan Andrews, Diane Kelsner, Claudia Roska, Dick Manke Mike DeMares.

Also Present: Dr. Jim Harasymiw, Dr. Pamela Bean, Clara Daniels

Introductions

Update on CJCC Committees and Workgroups

Rebecca handed out a summary sheet of the Council's Committee/Subcommittee Updates for December which listed the chairs of the committees, their next scheduled meeting date and highlights of the meeting agendas. Carpenter and Luczaj met with Judge Dreyfus last week and discussed recommendations to improve the Alcohol Treatment Court. The discussion included enhancing the way they utilize SCRAM in the program – utilizing SCRAM for the first 60 days in the program will help bring about long term behavior change. Luczaj is attempting to resurrect the Education and Public Relations Committee and is currently working on membership lists and hopefully set up a meeting in late January. The Alcohol Workgroup will be meeting tomorrow. They will review Judge Davis' Halfway House proposal for OWI offenders and review current alcohol related case statistics in Waukesha County. They will also look at innovative ideas on how to use some medications that will reduce craving for alcohol and also look at ways to use acupuncture for alcohol use. Judge Davis attended a conference on how pharmacotherapy is used to treat alcohol addiction using Naltrexone and there has been some success. Roska stated that pharmaceuticals are a helpful tool but that it should be combined with therapy for maximum benefit. Roska also stated that Halfway Houses are used in Pennsylvania where they also include interaction with family and it has been very effective.

2009 CJCC Budget Update

Schuler passed out a copy of the CJCC 2009 budget and went over some of the budget highlights. Although our Alcohol Treatment Grant has ended, we requested that the \$47,000 of unused funds be carried over into 2009. This request was approved and our federal grant has been extended to the end of May, 2009. This budget includes \$75,985 funded by tax levy to continue the Alcohol Treatment Court and \$25,000 to continue the Community Transition program services for the homeless. A new program, Facilitated Employment, began on October 1, 2008 and continues for one year. This program will provide a variety of employment services to participants in the Huber Program and prior to release from the main jail to promote employment and employability. This is the WIRED grant and the Council put in \$5,000 and Workforce Development put in \$30,000. The budget pages also included updated statistics for the programs.

Update on ATC Enhancement Grant Applications

Everyone received a handout entitled "2009 BJA Drug Court Enhancement Grant Overview".

Rebecca reported that we have a funding opportunity from the Bureau of Justice Assistance due January 29, 2009. If we receive this grant it would begin in September of 2009. The two categories we are applying for are 1) provide additional services to participants, and 2) drug court evaluation. They are asking to use SCRAM for the first 60 days rather than the 15 which is what we currently have and its just not enough. This was suggested by our program evaluator, Matt Hiller. We would also extend our evaluation of the Alcohol Treatment Court with this grant funding. We will have Hiller look at the comparison of those clients on 15 days of SCRAM to those on 60 days. The grant would cover the installation fee and 45 days on SCRAM, the offender would pay for 15 days. Luczaj reported that she did get approval from the Executive Committee and is waiting for official approval from the County Executive to apply for the grant.

Roska asked if there was monitoring for other drug use besides alcohol. The Addiction Resource Council is considering doing additional drug testing because they presently rely on what the client tells them. Carpenter stated that they randomly screen for drug use and they use urine screens for opiates. Andrews stated that some opiates are picked up in the screen but others are not.

Discussion of Domestic Violence Specialty Courts – Exploring the Need in Waukesha County

This topic came up as a result of a discussion with Brad Schimel in which he stated that the biggest problem in Waukesha County was OWI, but running a close second was domestic violence. Domestic Violence Courts focus on the treatment aspect as well as prevention of future occurrences. This is just in the discussion stages and if the committee has any ideas on this, she will bring them back to the Council. In general, the DA's office see about 1,000 referrals a year on domestic violence. There is a difference between reports and referrals, and some cases are sent back to the municipalities for citations. Rebecca did some research and came up with a fact sheet from New York which she handed out copies. The fact sheet explains the most important components of the Domestic Violence courts – a dedicated judge, resource coordinator, on-site victim advocate, research and evaluation. Through the Department of Justice the Office for Violence Against Women, STOP grant has funding that comes available. Currently, there is not a grant option available but this is something we might want to take a look at. Jane Batha likes the idea and stated there are two major players not presently at the table right now, Family Service and The Women's Center, who she feels need to be involved in this discussion. Schuler stated that here in HHS we see the results of domestic violence and there are a number of potential partners. We would have to justify by numbers the need for a specialty court and need someone with enough influence in the process. Diane Kelsner stated there is another path – family courts – any cases related to a family are heard by one judge. Judges rotate and the family court judges have been criminal judges as well. Kelsner also stated that we do have the Victim Witness program. There is only one program in Waukesha for domestic violence – a 22 week program with a very long waiting list. Dr. Harasymiw stated it is not the severity of the punishment but the stability of the punishment. If we had preventive resources, what would it cost us if we didn't treat. It might cost \$22,000 to treat the father, but without, it may cost \$100,000 for costs for services for the family as a result of the domestic violence. The Addiction Resource Council website has all the county websites listed for help. Manke said that Kathleen Falk puts out a newsletter and Schuler said Public Health always has a list of goals

such as reducing alcohol and drug use, etc. The purpose of putting this item on the agenda was for this discussion. It sounds like there is some interest in this topic. The group discussed getting a workgroup on domestic violence going, but invite other participants such as the Women's Center and maybe one of the Judge would be willing to chair this workgroup.

Set Next Meeting Date

The second week of every month on Wednesday mornings seems to work well. The next meeting will be held on January 14th. Luczaj and Schuler will plan out through June and then break in July and August and start up again in September.

Presentation on Biomarkers by Dr. Pamela Bean, Claudia Roska and Dr. Jim Harasymiw

Dr. Pamela Bean is giving this presentation to discuss the work they have been doing with the Addiction Resource Council and Dr. Jim Harasymiw and where they are going with this. They are looking for feedback from this committee and how do they see this and how it would fit in Waukesha and across Wisconsin. She gave a powerpoint presentation and handed out hard copies of the presentation. She began with a brief history of herself and her experience. She reviewed some important points of a letter sent to all assessors and designated coordinators of IDP programs sent by Greg Levenick, Section Supervisor of the Bureau of Mental Health and Substance Abuse Services. He states in his letter that unlike breathalyzer and urinalysis tests which are only useful for up to seven hours after drinking has ceased, whereas the CDT and EDAC tests remain abnormal for two to three weeks after heavy drinking has ceased. After the letter was sent out 6 counties contacted her right away. Dr. Bean along with Dr. Harasymiw are working with Claudia Roska from the Addiction Resource Council (ARC). The popular biomarkers are the CDT (Carbohydrate-Deficient Transferrin) test and the EDAC (Early Detection of Alcohol Consumption) test. The objective of the DUI pilot with the ARC is to use biomarkers as new tools to identify high risk drivers who continue to drink after arrest and to facilitate early identification of relapses and provide better treatment for OWI offenders before re-instating their driver's license. Being able to identify the high risk offenders means we can look at ways to target scarce resources, improve treatment outcomes, develop cost effective methods of addressing alcohol related issues, increase community safety and reduce the societal and financial cost of responding to alcohol related problems, i.e. jail overcrowding, halfway house settings.

Dr. Harasymiw stated that alcohol addiction is an expensive problem. In 2005 the cost was \$205 billion, 47% medical, 47% productivity and 6% other. Alcohol is involved in a large number of accidents, family abuse issues and criminal activity. Biomarkers are being used in rehabilitation and treatment programs. In the Waukesha County pilot, it was determined that a significant number of offenders continue to drink after arrest. Identification appears to facilitate reduction in drinking or return to abstinence. As a group, repeat offenders who were non-compliant were the heaviest drinkers.

Monitoring capacity is already in place in Waukesha County and can be expanded without excessive financial inputs. WCS coordinates monitoring for the Alcohol Treatment Court and could act as an agent for longer term monitoring. Family Court utilizes EDAC monitoring through family court services. The cost of the testing is court ordered and paid for by the participants. Monitoring during treatment is health insurance reimbursable. There is a CPT code

for the EDAC. The use of these tests is permissible under intoxicated driver program rules and in treatment-oriented driver safety plan (DSP) programs.

The short-term outcome measures are to establish rate of relapses which is unknown at the present, identify alcohol resistant clients and to determine DSP graduation rate. The long term outcome measures would be the reduction in the rate of repeat offender re-arrests, decrease average time interval between arrests and determine "brief intervention" success rate. There was some discussion about using SCRAM for the first phase of treatment and Biomarkers for the second phase for long term recovery. SCRAM gives immediate results and in the pretrial phase the court wants to know if an individual is continuing to use alcohol. Roska says the immediate feedback of SCRAM is important, but the Biomarkers is great for follow-up and long term.

When asked by Dr. Bean and Dr. Harasymiw as to what their next step should be, Schuler suggested they contact Judge Davis. The CJCC wants to see people get better. We also need to look at Wisconsin laws that allow people to continue to drive despite the continued drinking.

The meeting adjourned at 10:52 a.m.

The next meeting of the Programs and Alternatives Committee will be held on January 14, 2009. We will table Item #7 until the next meeting.

Minutes recorded by Kathy Leach.

Approved on _____
Date